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DR. COMSTOCK ON SCARLET FEVER.

[Continued from page 203.]

HEMORRHAGES are caused by a greater fluidity of blood than exists in its normal state, owing to a breaking down of its crasis, to mental affections, or to an erosion of the capillary vessels by canker; or, again, by a dilatation of their mouths, occasioned by debility in their minute fibres. Astringents, bleeding, cold and narcotics, are the principal remedies. Sugar of lead with opium—combining the narcotic with the astringent—furnishes a remedy more to be relied on in intestinal hemorrhage than any other. When bloodletting will check the discharge, let the blood issue from whatever part it may, a small bleeding may be expedient, as it may prevent a greater loss. But, in the language of John Hunter, a surgical operation (even so small a one as the puncture of a lancet) shows a deficiency in the medical art. Narcotics are the remedies in mental hemorrhage. An impalpable powder of red bark, applied to bleeding surfaces, or to blistered ones, which discharge inordinately, or threaten mortification, acts as an astringent, absorbent, antiseptic and tonic. If before it is applied, however, a stick of lunar caustic be rolled over the part, or the part touched with it, its effects will be more apparent.

In a case of croup, succeeding scarlatina, with extreme violence, my little patient, a fine boy, was saved by leeches applied over the tracheæ. Repeated emetics, calomel, and Dr. Godwin's remedy, snuff to the thorax, had been previously used, and might have had some agency in the favorable result, although none was manifested until the leeches had drawn copiously. As a general rule, in all cases of difficult breathing, something of a tendency to croup is to be suspected, in which the loss of blood, especially by leeches, may be very necessary.

In the family of Mr. G. W. K. the disease appeared with great malignity, the winter past. Mrs. K., the mother of seven children, being herself seized in an alarming manner, I determined upon exciting a counter-action by inducing strangury. Tinct. Ilyta was accordingly exhibited. It had the desired effect speedily. She was obliged to rise from her bed once in from five to ten minutes, perhaps, for the half of one day, for the purpose of micturition. This was the day after she began with the tincture. It had a most happy effect, without any considerable suffering or unpleasant consequences. She was, in fact, cured at once. How far it may be relied on as a general remedy, I have not as yet had experience to decide. But there can be no doubt that a

local stimulant of so much energy, has a general, nay, universal power to stimulate the whole nervous system. And I think that I perceived something of this upon the spirits of Mrs. K. during its operation. Small doses of tinct. lytta, as a diuretic, is our best remedy against the dropsical diathesis which occurs as a sequela to scarlatina, and as a preventive of those sudden effusions which have sometimes proved fatal.

I have not fully ascertained, to my own satisfaction, that children resist the stranguous effect of cantharides, as they do the salivating operation of mercury. But in small doses I have frequently given it to them without any such symptom.

The hydriodate of potash (*iodide potassium*) is a remedial agent of some power in discussing swelled parts. A few drops of the solution, mixed with honey and water, is the best form of giving it to infants and small children. In the case of an infant whose tongue was so swollen that it could not draw the breast, it had a good effect, and the infant recovered the use of its nursing powers, as well as health. One scruple of the *iodide* may be dissolved in an ounce of water—the dose of which, to children under seven years, is from four to eight drops. In order that it may have a local effect upon the mouth, tongue and tonsils, it may be given mixed in honey alone, or with very little water mixed with it.

To what are those effusions and congestions owing, which sometimes suddenly prove fatal? No cause more probable can be assigned than that of erosion of the capillary vessels by those little ulcers popularly called canker. And no other means of prevention can be relied on than a course of tonics, astringents and antiseptics, for some time after the patient is apparently well. The fermenting decoction of bark, for which a formula has been given, combines all these qualities in an eminent degree. Let it be re-examined. But whilst it is preparing, *Hus-ham's tincture*, in a watery solution of catechu, sweetened with honey, may be an excellent substitute. Still, it has not the important presence of *carbonic acid*—a substance of the greatest energy in nature for correcting a tendency to putrescency, and relieving nausea. Let nothing withdraw attention from it, when combined with bark.

As to the pertinacious tendency of scarlatina to a putrid diathesis, a case occurs to my mind, which I will notice. A lad, in a family in which it appeared with great severity, had it in its malignant form. His abdomen was of a mahogany hue, and bloated, together with his penis. With febrile, eruptive, and tumid phenomena, he had appalling nervous symptoms and was awhile blind, with low muttering delirium, and picking of the bed clothes. From all these he so far recovered as to be able to sit up to the table with the family. There he was seized with hemorrhage from the nose and bowels. These were arrested, however, and nothing seemed to be in the way of his recovery, when a spot, indicating sphacelus, appeared on one of his knuckles. The process of mortification ran up his hand and arm, and, as I learn, proved fatal. He died five weeks from his first seizure. I saw this lad in all the stages of his illness except the last, in which, being ten miles distant, I did not visit him. But the consideration occurs, whether, if the putrid tendency of the disease had been kept in constant view, by the assiduous

use of the fermenting decoction of bark and other antiseptics, such as the citric acid in effervescing draughts, he might not have been saved.

With respect to the *effervescing draught*, it is scarcely possible to speak too highly of it in all the stages of scarlatina. When it is considered as a febrifuge, a diaphoretic, an anti-emetic and antiseptic, we have in it a remedial agent calculated to alleviate all the distressing and dangerous symptoms of scarlet fever. Next in importance, when it is sweetened with syrup or honey, it has the property of being palatable. And in no one disease ought our attention to be more fixed upon making medicines agreeable, withholding those that are offensive, presenting pleasant, encouraging prospects, and elevating the invigorating and strengthening powers of joy and hope, than in this.

A case of scarlatina occurs to me here, worthy of attention, from the *Edinburgh Medical and Surgical Journal*. A young gentleman attending school there was severely seized, and his—as his physician, Dr. Wake, says—was among the worst cases. It was a period of mortality; the malady was epidemic and fatal in that city; the season was August, when the weather was hottest, and there was, in the opinion of his physician, very little hopes of his recovery. But the young man entreated to be taken home, a distance of eighteen miles. His parents came, and seconded his wishes, provided Dr. W. would accompany him. Their coach was large; a bed was put in, and he laid upon it, and the doctor followed in his carriage. The procession was slow, a mile only in half an hour. Twelve miles passed in half as many hours, when they stopped to dine. He was then revived greatly, and sat up a little at table, to please his parents. Slept well that night—was convalescent next day, and well recovered in a week more. Something may be allowed to the utility of gestation in this case. But I am inclined to think that far more is due to the tonic effects of hope, at the prospect of reaching home; to those of joy, at leaving a city infected with deadly disease, and whose bells were sounding departures to another world with the same malady under which he was laboring.

It cannot be too strongly inculcated that the tonic powers of hope, and the pleasing prospect of recovery, ought to be most sedulously held forth, whilst everything depressing to the mental energies is strictly avoided. The arterial system is quieted through the nervous, and in no one disease is there more need of keeping this in view than in the present. It is from this, as well as from the views before noticed, that, as a general rule, we avoid bloodletting.

In one case to which I was called ten miles, in the night, the patient, a girl, aged thirteen, had been seized at school that day, at 11 o'clock, to which she went in the morning in apparently perfect health. She had so hot a fever that she quenched her thirst at a brook on her way home. She was delirious, and never, as I think, had I in any case found so burning a skin. I was in this instance induced to depart from my usual course, by drawing some blood. This was on Thursday night. The succeeding Sunday, whilst with another patient in the same disease, a messenger came for me to visit her immediately, stating that she was thought to be dying. It appeared upon my arrival, that she had turned

of sinking, approaching syncope, in which her head was thrown back, her features pale, with the semblance of immediate dissolution. By exhibiting wine and a general cordial course, my patient was saved, and had a speedy recovery. But had she died, I should certainly have regretted, as I did at the time, my departure from my usual practice, in bleeding her.

The opinion of Celsus stands in strange contrast with that of physicians of the present day—when he says, but if a violent fever be setting in, to take blood at the very onset is to murder the patient. It was also his opinion that young subjects always bore that evacuation very ill—the younger the worse—which merits serious reflection in the disease of which we are treating, in which our patients are mostly young; as does his remark, that it should ever be borne in mind that, although the disease may need depletion, the patient may not be able to sustain it.* We may repeat that the inflammation in scarlatina is *erythmoid*, in which, if bleeding does not always kill, yet it does sometimes.

Camphor is one of those remedies which stand pre-eminent for allaying irritation. We dissolve it in spt. nit. dul.; we mix it, powdered, with opium, and combine it with laudanum, as well as apply it externally in spirituous solution. Aromatic ammoniated alcohol, spt. nitre dol., twenty drops of the former to thirty or forty of the latter, is another remedy worthy of notice.

The opinion of the ancients that pus corroded and was acrid, seems justified in this disease, in which the cellular substance is destroyed, leaving the skin detached from the muscles. We hence have an indication for the use of demulcents, and there is none better than the inner bark of slippery elm (*ulmus U. S.*). A decoction of linseed, combined with rad. glycyrrhiza, which should be deprived of its epidermis—half an ounce of each, infused in a pint of boiling water—is a pleasant and useful demulcent drink, calculated to obtund acrimony and promote urine. Both may be freely drank.

As to diet, there is less danger of harm by indulgence in those articles which the patient's appetite craves, than in any other fever whatever. Still, those things which are light and nutritious ought alone to be permitted. Milk and water boiled together, and moderately thickened with the finest flour—custards, made with one egg to a pint of milk, and boiled by placing the vessel containing them in boiling hot water—and during convalescence, chicken-broth and some of the chicken, are allowable. Roasted apples are never improper at any stage, unless there be diarrhoea. Sago, satep, tapioca and rice, seasoned with sugar and lemon-juice, to which wine may be added when indicated, are unexceptionable articles. Nutmeg, or any other agreeable spice, may be permitted during convalescence. Port wine with water, into which fine, light white bread or cracker is crumbed, sweetened with white purified sugar, is an invigorating and palatable dish. The bread should be toasted and soaked soft. Codfish is a kind of animal food often craved, nor have I ever known it do harm. The return of a relish for meat is earlier than after other diseases, and the powers of the stomach, and the secretion of

* See Boston Medical and Surgical Journal, Vol. IX., p. 340.

gastric juice, seem less impaired. Hence a bit of broiled mutton, chicken, or even pork, is less to be apprehended.

In the height of the fever, cold water is very much called for. It may be moderately allowed; but a beverage of cream of tartar, called *imperial*, is to be preferred. This is made by dissolving a half ounce of the crystals of tartar in three pints of water, boiling hot—throwing into the solution half an ounce of fresh lemon peel, and sweetening with four ounces of white sugar. This may be drank cold, in any quantity the patient chooses, and is pleasant, cooling and refreshing, as well as diuretic. There may be cases which require squills and calomel as a diuretic, but not often if this *imperial* drink is freely used.

Although we have coma in some cases, we have sleeplessness in others. And here is a part of clinical management, as it marks the skill and accuracy of a medical man, that may be the point—the pivot—on which the case may turn. How consoling, how blessed the sight, after anxiety intense and doubt so great as that encouragement has been withheld from friends, to see a patient fall into a quiet slumber, with eyes nicely closed, skin warmly moist, and nerves free from subsultus! To achieve this great desideratum, the patient's room must be darkened, and every source of irritation be removed and sedulously kept away. If opiates are used and do not have the desired effect, they but add to the patient's uneasiness and irritability. There are some constitutions which, if a glare of light from fire or candle, a step, a voice, a whisper, or the least disturbance of any kind, occur, just as they are about to get to sleep, it will cause their heart to thump as though their ribs would break, and prevent, perhaps for a whole night, a moment's refreshing slumber. And here the duty of the physician becomes the more weighty, for to him belongs the discovery and prevention of causes so minute, that the patient himself may not know them. Most persons are accustomed to sleep without a fire or lamp in their bed room when in health. And in time of sickness a curtain must be interposed between, so as to cut off the light. Nurses and watchers ought to be directed not to awaken the sick from a sweet, refreshing sleep, for the regular exhibition of medicines. Sleep is necessary to the life of an infant, to the renewal of energy in man, and to the recovery of the sick.

Valerian will sometimes induce sleep, when opiates fail; and sage, for slight nervous irritability, and for children, deserves more attention than is commonly paid to it. It is by some esteemed a vermifuge, and I knew a physician who thus considered it. We, on the whole, esteem it one of the best vehicles to administer medicine in which we know, when children are our patients; and ever recommend it in scarlet fever.

Although emetics are useful in cases of stupor, when the cause is seated in the stomach, yet in other cases a refreshing sleep follows their operation. Hence they may be given at night to those patients in whom it is desirable to promote sleep and diaphoresis. Remedies that are designed to be taken into the circulation, are best in the morning, when the absorbents are active. Ether, ammonia, and the diffusible stimulants generally, should be given in small doses and be the more frequently repeated. Opium, when given as a stimulant, should be taken in very

small doses, but often. It may thus be made to contribute to wakefulness.

In our general management of scarlatina, we must ever consider our patients nervous and irritable, and treat them accordingly. It has been said that a simple cut or bruise upon a man that was ignorant and robust, heals with less difficulty than on the refined and delicate. But a porcelain cup will last as long as a potash kettle, if it is handled with due care. If our patients are delicate, we must treat them delicately.

The stupor of pure debility must be carefully distinguished from that of congestion of the brain or sordes in the stomach. It requires capsicum, small opiates, wine, milk punch, and quinine. Even piperine may be mentioned in this connection. We are here to be understood as speaking of debility clearly ascertained, and distinct from brain affection.

There are a great many cases in which the local symptoms, such as mahogany color, canker and swelled glands, are not the most urgent, because not present; but in which a hot skin, a quick pulse, and short breathing, are the most apparent. In such cases we have to combat a general febrile diathesis, but must always bear in mind that a gangrenous tendency is to be kept in ultimate view. The rejection of tartarized antimony, of nitre, of emetics, and cathartics, is founded on an erroneous pathology. These, all these, may be used with safety in bringing the system to that state in which those remedies may be used which counteract a fatal termination—which may not, however, in all cases be needed, because the patient may present no indication requiring them. We like to record facts and the results of experience. This day (March 30, 1839) we have been called into a family who have lost a child, to attend to their only remaining one, seized with the same disease. We gave it an emetic at the onset, and we have great reason to conclude, from the relation given by the parents, that their other child, who was attended by a physician who disapproved of emetics, was lost in consequence. No remedy will have due effect if the stomach is lined with mucus, or any foul material. And none of the medicines given did take effect upon the little son which they lost. Emetics—tartarized antimony, nitre—and cathartics, when they only *wrestle* with the disease, may insure the safety of the patient. Still, such a variable malady, such a concentration of morbid impressions, acting on such a variety of ages, constitutions, idiosyncrasies, and in the various seasons of the year, should make us pause in prescription in each individual case.

If anything further is to be said upon *etiology*, we may repeat, that some seem to be born with a predisposition to receive impressions from certain seasons, and aerial and terrene agents or gases, which others are born with constitutions to resist. There seems to us to be no other way to account for the unexpected attacks of those who are seized, who have had no possible exposure to contagion, and the innumerable escapes of those that have.

(To be continued.)

"OPERATIONS ON THE TEETH."

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—There are two brief communications in your Journal for the 1st of May, touching the practice of dentistry, which deserve some general and critical notice, because they are calculated to misinform and mislead many who are exposed to become sufferers from the mal-practice of those who are merely "*operators on the teeth*"—a new set of practitioners that are springing up all about us, and who, too generally, for the reputation of the profession and the good of society, pass, in the view of the multitude, for regularly instructed dentists.

The notice from your correspondent W. A. A., of the case in which several decayed teeth were filled with wood, which remained in them some 3 or 4 years, is not a solitary instance of the kind. From the dark chambers of charlatanism we have seen come forth the same, and even worse things than this. Let it not be believed, that a substance which will readily become impure and decomposed if placed in a hollow tooth, will in any considerable degree arrest the progress of disease and destruction in this organ. Your own remarks on the use of wood for this purpose, in the commencement of the article on the employment of lead, are manifestly correct. But whoever has assured you that "lead is fully equal to gold for filling diseased teeth," has spoken without knowledge, or with want of honesty. All the metals that have been used for dental operations, except gold and platinum, generally corrode or oxidate in the mouth in so short a time, as to render them unfit to be depended on. Pure tin is better than lead on this account, and is sufficiently inelastic to meet all the difficulty of an operation. I have, for more than twenty years, watched the operation of all these metals in the teeth, and I am sure that it is bad practice and miserable economy to use any of them except gold. For although they may appear bright on the surface, yet after they have been worn a few months, or at most one or two years, they will too commonly be found black, soft, and decomposed beneath. The fact that in some few instances a lead or tin filling will remain five, ten, or even twenty years, when ninety-nine per cent. of them will show the mischief they are doing in as many months, is certainly no recommendation for their use. Close and repeated observations would not, I think, have led you to the conclusion that every pressure of the opposing tooth would tend to drive the lead into every part of the cavity, where such filling is used. On the contrary, if an inelastic filling is driven at all in this way, the tendency is to make it looser; and it is one of the peculiar advantages of a good gold filling, that it is not moved in the least by the operation of the teeth, the food, or the brush, except that it is worn down in common with the sides of the teeth.

You speak of "economical considerations." I have already adverted to this, but I know of no dentist whose "principal apology for the expense of filling teeth, is the cost of gold." Those who are doing these operations as they now may be and ought to be done, charge for their personal services principally. They could seldom make any

material difference in this on account of the metal employed, be it gold or tin.

The operation of filling teeth, as well as others which are done to check the disease and prevent the loss of these important organs, are of a delicate surgical nature, and often exceedingly difficult; and if not done on surgical principles, they are likely to be of little worth. Yes, let me repeat, filling a tooth, when done as it should be, is a *delicate and important surgical operation*. The tooth is not a mere bit of decaying or decomposing ivory. It is a living organ—a diseased bone. The word *decayed* does not, in its most common acceptation, express to us the state of a tooth which requires this operation, and may be saved thereby. *Diseased* is the more appropriate word. That disease of the teeth, which in most of the works on dentistry is denominated *caries*, is, in its early stages at least, inflammation of the bone—*ostitis*, or *dentitis* (if I may be allowed to introduce such terms); and whoever would treat such cases with the most reasonable hope of success, should be familiar with the minute anatomy and intimate structure of the teeth, with their physiology and pathology. I am but too well aware that it is difficult to impress those who are not acquainted with the structure and diseases of the teeth, nor the nature of the treatment required, with a firm belief in this doctrine; but it is nevertheless true, and too many who are finally convinced of this, become so at no small pain and cost, by submitting their teeth to the operations of those who are dentists to-day, though they were anything else yesterday.

Excuse me for troubling you with these remarks on a subject which some of your readers may esteem as of little importance; but I have too many proofs, daily, of the want of correct and enlightened views of the branch of practice to which my time is devoted; and while I cannot aim to correct all the false notions and mischievous statements in relation to it which I see set forth in our newspapers, I cannot at the same time patiently remain silent, when I see the pages of our medical journals made the vehicles for disseminating erroneous views of a branch of surgery which is eminently serviceable in preventing more hours of suffering to our fellow beings, than almost any other. Yours, &c.

May 6, 1839.

F.

LOSS OF VOICE IN PUBLIC SPEAKERS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—This is indeed a dry subject to harp on in a medical journal; but as there have, of late, been some observations made upon it in your Journal, and those not at all satisfactory to my mind, I beg room to offer a few remarks on the subject, although they may not perhaps prove any more edifying and instructive than those which have already been made. Many of our medical brethren, in searching after truth in the "divine art," are inclined, if I may be permitted so to term it, to take the negative side of the question, and instead of stating to us clearly and concisely what are the causes of certain effects, they go to work

with a long argument and a formidable array of learning to demonstrate to us what are not the causes. Now, if a man cannot instruct me in the truth, I would give but very little for him to tell me what is not the truth; if he cannot tell me what is the cause of any particular effect, I would scarcely thank him to tell me what is not the cause. We should never undertake to batter down the theory of another, until we have one of our own which we may set up in its stead. It is this wish to demolish the works of each other, that has caused four fifths of the contentions in the medical world. One man, with a few strokes of his pen, added to a little fertility of the imagination, erects a theory in one minute, which it takes a thousand men a hundred years to demolish. And when at last they imagine they have totally destroyed it, it is ten to one but that they have been so busily engaged in destroying, they have not even thought of framing a theory to take the place of the one destroyed.

The observations of Dr. Woodward, in No. 11, so far as they extend, are extremely good. That tobacco is injurious to the voice, every one can testify who has ever heard the harsh, thick, husky, mumbling, stammering, insonorous voice of the inveterate tobacco chewer. But the doctor might have gone further, and stated other palpable causes of this impaired state of the voice; he might have stated causes which cannot be mistaken, and which might well be dignified by the term *causæ notissimæ*. That the practice of speaking in low rooms and crowded assemblies has an injurious effect on the organs of the voice, we must freely admit. But, indeed, all orators, except Demosthenes when he was declaiming in his cave, have been in the habit of speaking to crowded assemblies, and of breathing a vitiated air; still the disease in question is of modern date. I do not imagine that it is so injurious to the voice to speak in our modern, convenient, well-formed, sonorous rooms, as it was to our forefathers to speak in their inconvenient, capacious houses, which required the exertion of a stentorian voice to fill them, with the addition of a sounding board to conduct the voice of the speaker to the ears of the hearers. The efforts of the speaker to fill such rooms must be double that required to fill rooms formed after the modern style. This every one is aware of who has ever entered a meeting house built by our ancestors some one hundred and fifty years since. The Roman orators who harangued assemblies of thousands for hours in succession, in the open air, were never troubled with a failing of the voice, and yet it must be acknowledged that speaking in the open air is of all speaking that which is the most injurious to the voice of an orator.

But, Mr. Editor, without rambling any further, let me state distinctly what I think to be the cause of this modern complaint; the *causæ ætiologice* are not inscrutable, nor past being found out. The cause of this disease I believe to be no other than the habit which the speakers of the present day have of stopping in the midst of their discourses, when the organs of the voice are in the highest state of excitement, and pouring down cold water on the delicate structure of the larynx, in order to render their voices clear and sonorous. There is certainly nothing better calculated to injure the vocal organs than this practice. Public

speaking under ventilation bad

speakers, after having made exertions in speaking, upon going out into the open air, generally wrap up their faces to protect their vocal organs from the access of the cold air. This is a good practice. But if they are afraid of the contact of the air with the larynx and lungs after speaking, ought they not to be doubly afraid of the contact of cold water with the former during speaking, when the vocal organs are highly excited and fatigued. Any one who is in the least acquainted with the delicate structure of these organs, must be aware that this is a highly dangerous practice.

Cold water cannot have the least good effect on the voice of public speakers. It may, perhaps, clear it for a moment, but it checks its natural secretion, when taken during speaking, and after a few moments the voice becomes worse than before. Mental emotions in public will generally cause too great a flow of saliva; but this will subside after beginning to speak, without filling the stomach full of cold water in vain efforts to wash the saliva down.

N. H. ALLEN.

Gray, Me., May 1st, 1839.

FOREIGN BODY IN THE TRACHEA.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I was called, on the 31st of January last, to visit a boy between 3 and 4 years old, belonging to Mr. C. S., of Scituate, who was taken, a day or two previous to my visiting him, with an *incessant coughing*. He would have two or three spells of coughing in the course of 24 hours, which lasted from 1 to 2 hours at a time, but were always worse during the night. After obtaining a particular history of the case from the mother, and making all the requisite inquiries relative to the *cause* of this singular cough, I did not feel, after all, fully satisfied in regard to its *true nature*, which did not appear to agree with anything that was at all common. The mother then informed me of her *suspensions* that the child had either swallowed part of a chesnut, or part of a nut-shell, a week before the last Thanksgiving; for the child *then* had them about the room, cracking and eating them, and was taken with coughing at this time, very *suddenly*, which lasted incessantly for about 1½ hours, and then becoming much exhausted, he grew easier. From this time he would have frequently a similar attack, then recruit in the course of a day or two, and so he continued till I was called to see him, as above stated.

When I came to take the subject into serious consideration, from the above-mentioned circumstance, I tried very hard to get something definite to prove that it might be so; but as the child could not tell anything, and as no one saw him put anything into his mouth, I could gather no positive proof as to the cause of the difficulty. However, as the mother seemed to be somewhat sanguine in her belief that such was the case, I told her I would do everything in my power to relieve the suffering child, and administer nothing that would be calculated to counteract the expulsion of the extraneous substance, allowing anything of the kind had actually taken place.

Judging from the foregoing situation of my little patient, I went upon the principle that the child was probably indisposed by an uncommon irritation of worms, or else from taking a very sudden cold—and hence the lungs might, from the various changes in the winter season, be easily susceptible of extreme irritability. The child had, almost invariably, in his attacks, red cheeks, though very white round the mouth, was in the habit of picking his nose, and was considerably disturbed in his sleep, which are strong symptoms in common cases of worms. From this state of the case, I thought I would commence with efficient vermifuges, and find out first what they would do. The most powerful were used, but to no good purpose—the cough rather increased than otherwise. Then I administered medicines for a cold, and to have them act more directly upon the lungs, an emetic of ipecac. was given, and it operated well—then followed a cathartic of jalap and cream of tartar, which likewise did all that was wished. After this gave small powders of ipecac. every 6 hours, to serve as an expectorant; and for his common loosening drinks, he took the slippery elm, liquorice and flaxseed infusion, all which were given freely. This course was pursued for 5 or 6 days, sometimes it appeared to advantage, but ultimately there was not much improvement. I now abandoned the powders, and relied principally on a compound of ol. ricini, tr. opii, camph. et syr. acill., in such proportions as to have it answer the purpose of a moderate cathartic, expectorant and a sedative. This formula had a very good operation, and proved quite effectual in a few days, so that I considered the boy sufficiently convalescent to dismiss him. There were medicines left, allowing he had a renewed attack.

As this case had appeared somewhat singular in its course, I made it a practice, when passing where the child lived, to call and see him, always keeping in mind the possibility that he had swallowed something which had entered the *trachea*. In one of my calls, about a fortnight after he had been dismissed, the mother told me that the child appeared to have the phthisic, and had a severe paroxysm the night before. Upon receiving this information, I then examined critically, and made inquiries whether the disease could be hereditary, and immediately learnt that the mother had been much afflicted with this disorder in her former days, and that her father had suffered greatly during his life with the same malady. When I first received this intelligence, it seemed, in a great manner, to account for the child's previous indisposition. Notwithstanding all this, the case appeared to me novel—for the child seemed to have the asthma to perfection.

This case continued, as just stated, till the 4th of April, ult., when I was again sent for in great haste about two o'clock, P. M.—the child now being, as the messenger informed me, in great distress, accompanied with extreme dyspnoea. I went as quickly as possible to the residence of the child, and found him, as he appeared to me, severely attacked with the *cynanche trachealis*, or the *croup*, so called. He had evidently every peculiar and striking symptom of this disease. But there was one thing which appeared strange at this time—what could have produced the *croup*? as the child had not been exposed at all to the

cold air. However, there were no other symptoms but what I had always discovered in cases of genuine croup. As soon as I had decided upon the diagnosis of the disease, I administered a powerful emetic of ipecac. and tart. ant., in a sufficient quantity to operate effectually—then followed with jalap, calomel, and castor oil, till a thorough evacuation was accomplished from the bowels. After a powerful operation of the emetic and cathartic, the child seemed to be essentially relieved, the most unfavorable symptoms abated, and he became quite comfortable about 5 o'clock, of the same day. I now left the patient, after prescribing some ipecac. powders, and equal parts of ol. ricini et syr. scill., to be given alternately every 3 hours during the coming night. The next day I visited him, and found him sitting up and comfortable. I then ordered the last-mentioned medicine alone, to be given every four hours till he improved enough to relinquish it.

There was no material change, only gradually for the better, from the 5th till the 9th day of April, when he was very suddenly attacked in the P. M. with his previous coughing spell, and it continued violently about half an hour, when all at once the sufferer was instantaneously relieved by vomiting up the mysterious disturber of his peace—a part of a nut-shell that would average about a quarter of an inch square. Since the expulsion of the shell, the child has been perfectly exempt from every vestige of disease.

Here I would merely remark, which I consider worthy of some notice, that the nut-shell had, at different times, been the primary cause of producing the appearance of a severe case of worms, a violent cold, the asthma, and, finally, the *cynanche trachealis*. It was confined in this situation rather over 4½ months. I have prepared the case for publication, hoping it may prove beneficial to some of the medical fraternity, especially to the younger class.

ROBERT CAPEN.

South Hingham, Mass., May 3, 1839.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 15, 1839.

PATHOLOGICAL ANATOMY.

It gives us much pleasure to announce to the profession a large and complete work on pathological anatomy, by Samuel D. Gross, M.D., Professor of General and Pathological Anatomy and Physiology in the Cincinnati College, Ohio. It will be in two large octavo volumes, of about five hundred pages each, from the press of Marsh, Capen, Lyon & Webb, of this city, who never suffer a book to go to the public in an unfinished condition. We have examined a few of the illustrations of morbid parts, which are extremely beautiful in execution, and show most conclusively that the artists of the west are no way inferior to those on the Atlantic border. Besides the lithographic colored plates, it is proposed to introduce about one hundred on wood, by the best engravers in Boston. That the labors of Professor Gross will be appreciated, cannot be doubted; and

when it is recollected that it will be a purely American system, fitted, as it were, to the meridian of native practitioners, the sale cannot be slow, nor will his industry and learning go unrewarded. We shall speak of the typographical progress of the publishers from time to time, both for the accommodation of the trade at a distance, as well as for those who are more immediately interested in the progress of medical science.

Scarlatina at Cape Cod.—We understand that this painful and afflictive malady has been prevailing to an alarming extent in several towns on the Cape. This induces us to request, as a special favor, that some of our many subscribers in that section will transmit an historical account of the mortality by scarlet fever since the first of January. The physicians at Yarmouth, Eastham, Orleans, or Dennis, owe it to the public to present all the light which their late experience furnishes, for the comfort and guidance of those who are less familiar with it.

Dr. Reynolds's article on this disease, inserted in our Journal of the 27th of March last, is copied into the last No. of the Southern Medical and Surgical Journal. The accompanying remarks on the disease, by the editor of that Journal, may be inserted in our pages hereafter.

Practical Dentistry.—Readers are respectfully referred to a paper on page 219 of this day's Journal, written by a gentleman who is acknowledged to be one of the most completely scientific dentists of the day. His observations are entitled to marked attention. We cannot feel otherwise than extremely gratified that the public are likely to understand the claims of this profession, since individuals of great eminence, belonging to the craft, are beginning both to explain and publish the results of their observation and experience.

Abscess of the Brain.—Coroner Wheeler was called to No. 36 Houston street, New York, to view the body of a young mechanic, named James Ridner, aged 18 years, who died suddenly.

It appeared from the testimony adduced on the examination, that the deceased had been for some two years past complaining of a pain in the ear; that he had therefrom frequent discharges, supposed to be occasioned by what is termed a "gathering in the head."

For the last three months he had been able to attend to his business, with the exception of about three weeks, during which time he had a slight attack of the old complaint. He, however, recovered, and continued in his usual health till Tuesday of last week, when he was so severely attacked by pain in his ear, as to be obliged to keep his room. Dr. Hoyt was called in, who, on examination, ascertained that a polypus had formed within his ear, and he advised the young man to apply to the Infirmary, and have it removed. This the patient did not, however, do, but sent for Dr. Blakeman, who, on Sunday last, performed an operation, and removed the polypus. The operation caused much pain at the time, but afforded eventual relief, and he was supposed to be fast recovering. Excepting some occasional returns of the pain, he grew better till four o'clock yesterday morning, when his mother was awakened by him, whom he told that the pain had fallen with great violence into the back part of his head. She bathed his head with volatiles, and as he became easier

she left him. In about half an hour she returned, and found him dying. Drs. Post, Blakeman, and F. A. Caldwell made a post-mortem examination of the body, and found, on examining the skull, that an abscess of immense size had formed in the brain, which occupied almost the entire of the middle left lobe, being in size fully equal to a hen's egg, and which had even perforated the skull.

Poisoning with Monkshood.—The following treatment was lately successfully adopted in England, in the case of a child aged 13 months, who was poisoned with monkshood, and who was found two and a half hours afterwards, with slow and intermitting pulse, dilated pupils, vomiting, with great tendency to stupor, and apparent suffering of much pain. A teaspoonful of ipecacuanha wine was given every fifteen minutes, until the stomach was completely evacuated; after which brandy, compound spirits of ammonia, and strong coffee, were administered at intervals, which, together with mustard plasters to the pit of the stomach and the calves of the legs, the effusion of cold water from a height upon the occiput, and a turpentine enema, in the course of four hours relieved the little patient from its dangerous symptoms. It afterwards took nutriment from the breast, fell into a natural sleep, and the next morning was perfectly recovered.

Select Medical Library.—The last No. of Dr. Bell's Library contains thirteen lectures (complete) on bloodletting, by Dr. Clutterbuck, of London, and the commencement of Otley's life of John Hunter. The Journal department contains an interesting variety of foreign and domestic matter.

Secret Remedies.—The following is an extract from the minutes of the Philadelphia Medical Society, as published in the Medical Examiner.

"*Resolved*, That all discoveries or improvements in medicine or surgery should be freely promulgated through the appropriate channels of medical information, for the advancement of medical science, and for the good of mankind. And that the appropriation of such discoveries of improvements by their authors to their exclusive pecuniary emolument, by the taking out of patents or otherwise, is at variance with those principles of liberality and beneficence, which should distinguish the medical character."

Medical Miscellany.—A medical convention will meet in the city of Hartford, Conn., this day.—A little boy died lately at Philadelphia, in consequence of swallowing a number of percussion caps. The poor child vomited itself to death.—The patient whose arm was recently amputated at the shoulder-joint by Dr. Lewis, so adroitly, is recovering admirably.—The Massachusetts Medical Society have petitioned for the use of Faneuil Hall on the last Wednesday in May.—The motion for a new trial of Chauncy, the botanic physician, who caused the death of Miss Sowers, a while since, at Philadelphia, has been overruled, and he has been sentenced to five years imprisonment.—In the village of Eccles, Eng., a young man has been without food twenty-six days—the only article swallowed in the time was water. Last year, owing to illness, he went thirty-eight days without nourishment.—A letter from Ex-professor Elliotson, late of

the University College, London (who was obliged, it will be recollected, to leave his chair in that institution on account of his adherence to the doctrines and practice of animal magnetism), to his class, has been rejected by the members in consequence of the reflections which it contains on the character and conduct of several of Dr. E.'s late colleagues.—The editor of the London Lancet has published several cases which were furnished him by a correspondent, a member of the Royal College of Surgeons, verbatim et literatim, notwithstanding the writer requested that, "if there are errors and is to be lengthened, you are at liberty to place them in the form for printing." Many a writer has escaped a similar infliction through the gratuitous kindness of his printer.—Several cases are mentioned in a late No. of the Lancet, in which acute rheumatism was cured by the hydriodate of potash.—M. Magendie states, in his late lectures on the blood, that he has recently succeeded in speedily arresting a severe uterine hemorrhage by an injection of the ioduret of iron—a drachm of which was dissolved in two pounds of water, and used several times. M. M. also states the results of some interesting experiments of the excessive use of fatty substances, such as butter, oil, &c., showing their effects on the liver, which results will doubtless be seized on and turned to account by the dietetic reformers of our country. We may copy the account when we find room.

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Ms. Lat. 42° 15' 49". Elevation 663 ft.

1859.	THERM.			BAROMETER.			Wind.	Weather.	MOIST.			Remarks.
	Max.	Min.	Mean.	Max.	Min.	Mean.			Max.	Min.	Mean.	
April.												
1 Mon.	50	60	54	29.76	29.54	29.59	SW	Clear	59	64	61	Very warm and pleasant days. The thermometer has averaged 49 5-6 the first six days of the month—once rose to 70.
2 Tues.	54	59	49	29.56	29.63	29.59	NE	Clear	57	53	55	
3 Wed.	59	59	47	29.56	29.60	29.58	NE	Clear	59	65	62	
4 Thurs.	55	70	67	29.56	29.60	29.58	NW	Clear	54	70	62	
5 Frid.	45	65	55	29.57	29.60	29.58	NE	Clear	45	65	55	
6 Satur.	30	62	50	29.65	29.54	29.46	SE	Clear	37	63	50	
7 Sun.	40	73	63	29.57	29.51	29.54	NW	Clear	45	73	59	Afternoon, slight showers.
8 Mon.	56	49	44	29.35	29.33	29.34	NW	Clear	55	49	52	Aur. borealis. Brocum in blossom.
9 Tues.	39	54	50	29.43	29.51	29.53	NW	Clear	31	60	45	Liverwort in blossom.
10 Wed.	39	59	50	29.52	29.55	29.44	S	Clear	31	61	46	High wind, very dry and dusty.
11 Thurs.	50	64	58	29.39	29.30	29.34	S	Clear	49	66	57	Shepherdia in bloom. Rain at night.
12 Frid.	54	48	41	29.34	29.53	29.53	NE	Rain	49	55	52	Severe storm.
13 Satur.	30	36	35	29.16	29.14	29.15	NE	Rain	35	30	32	Storm continues.
14 Sun.	29	37	35	29.19	29.31	29.35	NE	Ra. & Sn.	31	30	30	Storm continues.
15 Mon.	36	43	40	29.19	29.04	29.00	NE	Cloudy	35	43	39	Afternoon shower.
16 Tues.	39	55	50	29.06	29.04	29.05	NW	Clear	36	54	45	Dicca psaltria, or leather wood.
17 Wed.	30	34	34	29.06	29.73	29.73	NE	Sa. storm	36	39	37	(In blossom.)
18 Thurs.	34	47	46	29.77	29.94	29.04	NW	Clear	34	46	40	Bloodroot in blossom.
19 Frid.	49	63	59	29.16	29.16	29.16	NW	Clear	36	63	59	Wood anemone in blossom.
20 Satur.	44	56	45	29.07	29.10	29.21	NW	Clear	43	54	48	
21 Sun.	26	43	47	29.39	29.47	29.50	NW	Clear	36	53	44	
22 Mon.	34	60	59	29.55	29.65	29.64	SW	Clear	39	62	50	
23 Tues.	39	63	55	29.60	29.73	29.73	SW	Clear	35	63	49	
24 Wed.	49	66	56	29.64	29.61	29.53	SW	Clear	37	62	49	Shower in the night. High wind.
25 Thurs.	51	60	56	29.58	29.51	29.50	SW	Clear	46	65	55	Showers, splendid rainbow.
26 Frid.	48	50	50	29.25	29.31	29.28	NW	Clear	51	60	55	
27 Satur.	49	70	66	29.39	29.33	29.31	NW	Clear	41	70	55	
28 Sun.	54	60	44	29.31	29.24	29.28	NE	Clear	58	60	59	Cherry trees in blossom.
29 Mon.	44	49	44	29.50	29.59	29.53	NE	Rain	44	51	47	
30 Tues.	49	58	54	29.37	29.30	29.30	NE	Cloudy	41	54	47	

The month of April has been milder and more pleasant than has been known for many seasons. Thirteen days the thermometer has risen above 60°, and three above 70°. The highest has been 73, the lowest 26. It has been below the freezing point but three days during the month. The range of the barometer has been from 29.73 to 29.73.—The plants and trees named are on the hospital grounds, and none others will be noted. Following this rule, we may compare the different seasons accurately.

* It will be observed that the register thermometer does not always rise as high as the other at 3 o'clock. This is owing to its location—it being on the north side of the hospital building, where the sun never reflects. The others, from which the first columns are made, are on the east and west sides.

TO CORRESPONDENTS.—Dr. Hitchcock's report of cases is on file for insertion.

MARRIEN.—In Boston, Dr. J. M. Warren, to Miss Ann A. Crowninshield.—At Ithaca, N. Y., Dr. L. Hermance, of Auburn, to Miss Sarah Ferris.

Whole number of deaths in Boston for the week ending May 11, 39. Males, 14—females, 15.
Of consumption, 7—scarlet fever, 2—infantile, 2—stoppage in the bowels, 1—cramp, 1—croup, 2—lung fever, 1—spasms, 1—drowned, 2—gastritis, 1—dropy, 1—old age, 1—dta, 1—puerperal fever, 1—liver complaint, 1—stillborn, 5.

TREMONT-STREET MEDICAL SCHOOL.

The subscribers, at their private medical school in Tremont street, offer the following facilities to professional students.

1. A daily attendance at the wards of the Massachusetts General Hospital.
2. Attendance at the Massachusetts Eye and Ear Infirmary.
3. Opportunities of seeing interesting cases and surgical operations in private practice, in the dispensaries and elsewhere.
4. Occasional opportunities for obstetric practice.
5. Lectures on surgery, and practical demonstrations in anatomy from recent subjects.
6. Regular examinations, as far as desired, in all the branches, in the interval between the lectures of Harvard University.
7. A private dissecting room, in which during the last year an abundant supply of anatomical subjects has been gratuitously furnished.

Seventeen gentlemen have entered this school since its commencement in September last.

Boston, May 1, 1839.

Samson

JACOB BIGELOW,
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PRIVATE MEDICAL INSTRUCTION.

Two subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructors.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, Jr.,
WINSLOW LEWIS, Jr.

Oct 31—optf

OUTLINES OF THE INSTITUTES OF MEDICINE.

FOUNDED on the Philosophy of the Human Economy in Health and in Disease, in 3 Parts. By Joseph A. Gallup, M.D., author of Sketches of Epidemic Diseases in the State of Vermont, late Professor of Theory and Practice in the Vermont Academy of Medicine, and of the Clinical School of Medicine, Ex-president of the Vermont Medical Society, Hon. Member of the Medical Society of the State of New York, &c. 2 vols. 8vo., pp. 576.

"As the writer has been chiefly induced to undertake the labor of the above work, in consequence of two very courteous memorials addressed to him from all the students present of two chosen different medical institutions, requesting a publication of his lectures, or the principles embraced in them, he has presumed, with respectful regards, to present these outlines to the students of Medicine in the United States, with a hope of their being in some measure useful to the Science of Medicine."

Excerpt of a Letter from Professor J. W. Francis, M.D.—"Having read the manuscript of Dr. Gallup, on the Institutes of Medicine, I am free to remark, that it is the result of great research, and long and extensive medical experience. The author, while occupied as an observer, has recorded his impressions, with the praiseworthy design of adding to the stock of sound practical information. His book will be read for the originality and excellence of many of his views, and the masculine development of the writer's reflections. It will deserve and find a place in the library of the student, and be often consulted by the medical practitioner with advantage."

"New York, 1838."

Just published by OTIS, BROADERS & CO., 126 Washington street, Boston.

M 20.

NEW LEECH ESTABLISHMENT.

Two medical professions are hereby informed that the subscriber has made such arrangements that he will be able to supply them with the best Foreign Leeches, at the lowest market price. They will be safely put up in boxes, with the clay in which they were imported. Physicians may be certain that careful attention will be given to their orders.

Oct. 17—1ycop

BETH W. FOWLE
33 Prince St. corner of Salem St. Boston.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$4.00 a year in advance. Orders from a distance must be accompanied by payment in advance or satisfactory references. Postage the same as for a newspaper.